

Kangaroo Mother Versus Traditional Care for Newborn Infants ≤ 2000 Grams: A Randomized, Controlled Trial

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Background. In 1978, kangaroo mother care (KMC) was proposed as a caring alternative for low birth weight (LBW) infants. We are reporting here early outcomes of a randomized, controlled trial comparing KMC to traditional care.

Method. An open randomized, controlled trial was conducted in a large tertiary care hospital. All newborn infants ≤ 2000 g, surviving the neonatal period and being eligible for a minimal care unit, were included. A total of 1084 newborns ≤ 2000 g were followed, and 746 were randomized — 382 to KMC and 364 to traditional care. KMC infants were discharged after randomization, regardless of weight or gestational age. Infants spent 24 hours per day in an upright position, in skin-to-skin contact, and attached to the mother's chest. After randomization, control infants remained at the minimal care unit until meeting usual discharge criteria. Both groups are being followed up to 12 months of corrected age; 679 (90%) were available for evaluation when they reached term (40 to 41 weeks of postconceptional age). The present paper reports early outcomes (when reaching term) including mortality, infectious episodes, hospital stay after eligibility, and growth and feeding patterns.

Results. Both study groups were similar regarding all baseline variables but weight at eligibility. The risk of dying was similar in both groups (relative risk = 0.59, 95% confidence interval 0.22-1.6). There were no differences in growth indices. Nosocomial infections were more frequent in control infants. Hospital stay after eligibility was shorter in KMC, primarily for infants ≤ 1800 g.

Conclusions. These results show that KMC is a safe approach to the care of clinically stable LBW infants. Our findings provide the necessary scientific support to a method that is already incorporated in the care of LBW infants at many hospitals around the world and at different levels of care.

Key words: kangaroo mother care, skin-to-skin contact, early discharge of low birth weight infant, randomized, controlled trial.